

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH PROPOSAL SUMMARY AND DATA RECORD		RFP NUMBER/CONTRACT NUMBER NCI-CN-95165-38	
PROJECT TITLE (Title of RFP or Contract Proposal) American Stop Smoking Intervention Study for Cancer Prevention (ASSIST)			
LEGAL NAME AND ADDRESS OF OFFEROR South Carolina Department of Health and Environmental Control Center for Health Promotion 2600 Bull Street Columbia, South Carolina 29201		PLACE OF PERFORMANCE (Full address including ZIP) South Carolina Department of Health and Environmental Control 2600 Bull Street Columbia, South Carolina 29201	
TYPE OF CONTRACT PROPOSED <input checked="" type="checkbox"/> COST-REIMBURSEMENT <input type="checkbox"/> FIXED PRICE <input type="checkbox"/> COST-PLUS-FIXED-FEE <input type="checkbox"/> OTHER			
ESTIMATED TIME REQUIRED TO COMPLETE PROJECT June 15, 1991 - June 15, 1998		PROPOSED STARTING DATE June 15, 1991	
ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From budget)			
DOES THIS PROPOSAL INCLUDE A SUBCONTRACT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.)			
NAME AND TITLE OF PRINCIPAL INVESTIGATOR Frances C. Wheeler, Ph.D.		SOCIAL SECURITY NO.	EST. HOURS WEEKLY .5
			AREA CODE/TEL. NO. (803) 737-4120
NAME AND TITLE OF CO-INVESTIGATORS (Use attachment if necessary)		SOCIAL SECURITY NO.	EST. HOURS WEEKLY
			AREA CODE/TEL. NO.
NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS Frances C. Wheeler, Ph.D. Director, Center for Health Promotion		AREA CODE/TELEPHONE NUMBER (803) 737-4120	
NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS James E. Padgett, Jr., M.D. Deputy Commissioner, Health Services		AREA CODE/TELEPHONE NUMBER (803) 737-3900	
DOES THIS PROPOSAL INVOLVE EXPERIMENTS WITH HUMAN SUBJECTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Institution's General Assurance re Human Subjects		DATE APPROVED	<input type="checkbox"/> PENDING
Institution's Review Board's approval of this proposal		DATE APPROVED	<input type="checkbox"/> PENDING
An example of the informed consent for this study is enclosed		<input type="checkbox"/> YES <input type="checkbox"/> NO	
A Clinical Protocol is enclosed		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (Use attachment if necessary)			
ERRATA NUMBER 01	DATE 3/23/90	ERRATA NUMBER 02	DATE 4/10/90
NAME, ADDRESS, AND PHONE NUMBER OF COGNIZANT GOVERNMENT AGENCY State Auditor 1401 Main Street, Suite 1200 Post Office Box 11333 Columbia, S.C. 29211 (803) 253-4160		NUMBER OF EMPLOYEES CURRENTLY EMPLOYED 5,268	
		DOLLAR VOLUME OF BUSINESS PER ANNUM \$260,711,000	
		THIS OFFER EXPIRES 120 DAYS FROM THE DATE OF THIS OFFER. (120 days if not specified)	
FOR THE INSTITUTION			
SIGNATURE OF PRINCIPAL INVESTIGATOR <i>Frances C. Wheeler</i>		SIGNATURE OF BUSINESS REPRESENTATIVE <i>John B. Asbill</i>	
TYPED NAME AND TITLE Frances C. Wheeler, Ph.D. Director, Center for Health Promotion		TYPED NAME AND TITLE John B. Asbill Director, Bureau of Finance	
EMPLOYER IDENTIFICATION NUMBER 576000286		DATE OF OFFER September 21, 1990	